

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

Michael E. Larson
Plaintiff

v.

CASE NO.

4:21-00098

DeSoto County Adult Detention Facility
Defendant

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Michael Ellsworth Larson

B. Name under which sentenced:

Michael Larson

C. Inmate identification number:

MDOC# 231551

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

33714 Hwy 35

E. Place of confinement:

Vaiden, MS 39176

Carroll-Montgomery Regional Correctional Facility

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

Chad Wicker

Title (Superintendent, Sheriff, etc.):

Administrator

Defendant's mailing address (street or post office box number, city, state, ZIP)

3425 Industrial Dr.

Hernando, MS 38632

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

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A. Does the grievance system place a limit on the time within which a grievance must be presented? Yes No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed? Yes No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

The whole month of March and April I filed grievances on the matter of this complaint and most were closed without a response.

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

The grievances were closed without a response

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

- ① In February at Desoto county Jail, I filled out a medical form because I had a tooth split in half and needed Antibiotics, Nurse Brittany and Madison York without checking my medical chart to see what I was allergic too, prescribed me the Antibiotic "Penicillen" and presented it to me as just Antibiotics never giving me a name.
- ② Chad Wicker the administrator came to me and told me in person that only thing they could do was change the prescribed Antibiotics after taken the Penicillen for 3 days and broke me out in bad rashes and my legs were hurting.
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10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

Due to Desoto County Adult Detention Facilities
errors, procedures and policies I want the courts to
compensate me for Medical Malpractice for not checking
to see what I was allergic to before prescribing me
medication, Also for pain and suffering because I
broke out in a rash and hives and also have bad pain
in my legs now, Mental anguish because of the
mental state it has left me in and also cruel &
unusual punishment because I made all the
nurses aware of what they did wrong and
they cussed me out and blamed it on me like
it was my fault.

This Complaint was executed at (location): Carroll-Montgomery Regional Correctional Facility
and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date: 8-10-21



Plaintiff's Signature

Michael Larson #231551 B-23

C.M.R.C.
33714 HWY 35
Vaiden, MS 39176

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MCLEON BROS. INC.

2021 DMCA

(Legal Mail)



INMATE
CORRESPONDENCE
CARROLL MONTGOMERY REGIONAL
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OCT 16 2021
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

Legal Mail

X-RAY

Pro Se Law Clerk
U.S. District Court
203 Gilmore Drive
Amory, MS 38821

38821-540203

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